

West Virginia Department of Transportation
Division of Motor Vehicles
Request for Driving Record



1-800-642-9066
www.dmv.wv.gov

This form may be used for multiple requests and a fee of **\$5.00 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the social security number and/or date of birth with an additional \$1.00 fee. **All fees are non-refundable.**

Driver's License Number	Name	Social Security Number	Date of Birth

Please return requested records to the following address:

PLEASE PRINT COMPANY NAME, IF APPLICABLE

TELEPHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

Any person may request their own driving record at any DMV regional office. You must provide your federal or state government issues ID or driver's license for proof of identification.

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) or unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seq.). **Each request form submitted must include a copy of the requestor's federal or state government issued ID or driver's license. If you do not have a photo ID you must include a copy of a birth certificate, social security card, and DMV - 101-PS2.** If you do not meet these requirements, your reasons will be reviewed and if accepted, you will receive a driving record that excludes all personal information from the record.

Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.

(X)

SIGNATURE OF REQUESTOR

OFFICE USE ONLY
ID VERIFIED BY:

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This services has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

Before mailing, be sure you've included: A completed DMV-101-PS1 form, applicable fees, copy of driver's license or photo ID, letterhead explanation, and a completed DMV-101-PS2 (if applicable).

Please mail your request to:

**WV Division of Motor Vehicles
Insurance Section / Driving Records**
PO Box 17020
Charleston, WV 25317

West Virginia Department of Transportation

Division of Motor Vehicles

Driving Record Release Authorization



1-800-642-9066
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**IF YOUR ATTORNEY OR ANOTHER PARTY INTEND TO REQUEST INFORMATION ON YOUR BEHALF,
PLEASE COMPLETE THE RELEASE AUTHORIZATION BELOW.**

I, _____
PLEASE PRINT YOUR NAME

(X) _____
PLEASE SIGN YOUR NAME

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

INDIVIDUAL NAME AND/OR COMPANY NAME IF APPLICABLE

All requestors for information must complete the **request for driving records form** (DMV-101-PS1) and **this form** (DMV-101-PS2) or the request will not be processed. The individual released to receive information must include a copy of their federal or state government issued ID or driver's license.

PLEASE CHECK THE APPROPRIATE FEES

- ☐ **\$1.00 per page** - Additional Cost for certification of document
- ☐ **\$5.00** - Driving record with driver's license number
- ☐ **\$6.00** - Driving record without driver's license number
- ☐ **\$5.00** - Message forwarding service
- ☐ **\$.25 per page** - Copy of suspension/revocation/disqualification file

PLEASE CHECK THE APPROPRIATE ADMINISTRATIVE HEARING DOCUMENT FEES

- ☐ **\$30.00** - Copy of recorded testimony in CD format
- ☐ **\$1.50 per page** - Copy of transcript of hearing
- ☐ **\$1.00 per page** - Additional cost for certification of document
- ☐ **\$.25 per page** - Copy of suspension/revocation/disqualification file